

**The Commonwealth of Massachusetts**  
**Division of Professional Licensure**  
**239 Causeway Street, Boston MA 02114**  
**Board of Registration of Psychologists**  
**(617) 727-9925**

**INSTRUCTIONS FOR LICENSING APPLICATION FOR LICENSE TO PRACTICE  
PSYCHOLOGY IN MASSACHUSETTS**

**General Information**

1. **New Applicants:** A “new” applicant is an individual who has never been licensed or certified as a psychologist in any other state or jurisdiction. New applicants must submit the complete licensure application and supporting materials to the Board when their post-doctoral hours are complete. The Board will review applications upon receipt, and candidates should expect notification of their eligibility within 60 days of receipt. Upon approval from the Board, PCS will send candidates the appropriate registration form and instructions for scheduling both the EPPP and jurisprudence exams. If you do not achieve a passing score on either exam, you must wait three months between each test administration.

**Foreign applicants:** You must first have your doctoral degree evaluated by an educational credentials evaluation service acceptable to the Board, to determine if your degree is the equivalent of a doctoral degree in Psychology as defined by Board regulations. Please call the Board office to obtain a list of evaluation services. This evaluation must be included in your application.

2. **Applicants for Reciprocity:** An applicant for Reciprocity is an individual who already holds a valid license in Psychology in another state or jurisdiction, and who has obtained a passing score on the EPPP exam. Massachusetts does not have formal reciprocity with any other state or jurisdiction. However, if you have been licensed in another jurisdiction for five or more years, AND you hold one of the following certifications: CPQ, National Register, or have diplomate status through ABPP, there are reciprocity provisions which may assist you in this process. Please contact the Board office for more specific instructions if you are in one of these three categories. Otherwise, you must submit the complete Massachusetts application. Massachusetts will accept your EPPP score if it is a passing score. Reciprocity applications MUST include a Letter of Good Standing from all states or jurisdictions in which the applicant has ever been licensed, as well as official notification of your exam score on the EPPP. Reciprocity applications will be reviewed within 60 days of receipt. Upon approval from the Board, PCS will send candidates the appropriate registration form and instructions for scheduling the jurisprudence exam. If you do not achieve a passing score, you must wait three months between each Jurisprudence test administration.
3. All application materials, **including forms which are filled out by other individuals and transcripts**, must be submitted at the same time in a large envelope. The following will describe the procedures to follow in order to do this correctly:  
Provide a self-addressed envelope to your endorsers for your Professional and Ethical Reference forms, Supervisor/Collaborator forms, Academic Program Director Form, Internship Program Director Form, and your graduate transcripts. After the individual has completed the form (or placed an official seal on your transcript), he/she must seal it in the return envelope you provided, sign his/her name across the envelope seal, and return it to you. **Envelopes which are not sealed in this manner or have been opened after being sealed will not be accepted.** It is your responsibility to write a letter to each

endorser/program explaining the procedure to be followed. If you need additional forms, please photocopy from the forms supplied in your application.

4. Send application and application fee (\$150.00) to the Board at the address listed above. Checks should be made payable to “Commonwealth of Massachusetts-PY”.
5. The Board does not accept photocopies or fax copies of completed forms or Verifications of licensure from other states.
6. The regulations which govern the licensing and practice of psychologists are set forth in 251 CMR (Code of Mass. Regulations). The laws which govern the licensing and practice of psychologists are set forth in M.G.L. c.112, sections 118-129B. Applicants should read the laws and regulations thoroughly to understand whether they qualify for licensure. To qualify for licensure as a psychologist, an individual must have a doctoral degree in Psychology, appropriate coursework, and the required hours of pre- and post-doctoral supervision in the field of psychology in which you are requesting licensure. Your field of study for your doctoral degree and your supervised experience must be in the same or substantially similar field of Psychology. Applicants who have changed fields must be able to document attendance at an APA approved re-specialization program.

**A licensed Psychologist who is certified by the Board as a Health Service Provider (“Psychologist Provider”) is one who is qualified through appropriate doctoral training, internship, and post-doctoral experience to independently deliver mental health services to the public. Only licensed psychologists who are certified by the Board as Health Service Providers may independently deliver health services to the public.**

7. The Board recommends that you keep a copy of your application prior to mailing it to the Board. Your endorsers may also be willing to provide you with a copy of the document(s) submitted to the Board.
8. Pursuant to 251 CMR 3.02(3), your application will be considered DENIED by the Board if you do not submit additional documentation requested by the Board within six months of the date of the Board’s written notice to you. Applicants whose application has been denied by the Board must re-apply.

## **QUESTIONS?**

- If you have any questions about your application, please call the Board of Registration of Psychologists at (617) 727-9925.
- If you have questions about the scheduling form or examination fee, please call PCS at 1-877-887-9727.

### **Specific item by item instructions for the Application**

1. Type or print your full legal name as it should appear on your license.
2. Provide your permanent residence and telephone number. Your permanent residence is your voting address. Massachusetts residency is not required for licensure in Massachusetts.
3. Provide your business address and telephone number.
4. Check which of your two addresses you wish to have listed on your license and in the Commonwealth's database. **Please note that the address of a licensed psychologist is a matter of public record.** Any changes to your address must be made in writing to the Board office.
5. Your social security number is required by the Commonwealth of Massachusetts (G.L. c. 62C, s. 47A).
- 6-8. Provide information as requested
9. Check the appropriate lines for the type of license for which you are applying. Please read the above general directions, or refer to 251 CMR, section 3.00-3.09 for additional information.
- 10-18. Answer all questions asked, attaching any additional documentation as requested. Your application cannot be processed without this information.
- 19-20. Provide information about your educational history. If the date on which you met ALL requirements for your doctoral degree is not the same one as listed on your transcript, and if you need to use the earlier date to begin accruing post-doctoral hours, you must submit a notarized letter from your doctoral department stating the date on which you met ALL requirements for the doctoral degree.
21. Identify the field(s) within Psychology for which you have obtained your doctoral degree and supervised training. This is the field(s) in which you will be qualified to practice. The field of your doctoral degree is usually printed on your transcript, e.g. "Ph.D., Counseling Psychology". Use the following fields to complete this item. If none of these areas fit your training and experience, describe your own field in completing this item.

Behavioral Psychology	Experimental Psychology	Psycholinguistics
Clinical Psychology	Forensic Psychology	Psychometrics
Community Psychology	Mathematical Psychology	Psychopharmacology
Consulting Psychology	Military Psychology	School Psychology
Counseling Psychology	Neuropsychology	Social Psychology
Developmental Psychology	Personality Psychology	
Educational Psychology	Physiological Psychology	
22. Pre- and post-doctoral internship/experience: List the name of the sites and the number of hours in which you worked at the sites.
23. If your doctorate is in a field other than that in which you wish to practice, you must document completion of an APA-approved re-specialization program.

- 24-26. Provide information if you are or have ever been listed in the National Register of Health Service Providers in Psychology, hold the CPQ, or hold a diploma from the American Board of Professional Psychology.
27. All applicants must have three Professional and Ethical references, at least two of whom know your professional background and ethical standards thoroughly. Please ask the individuals if they are able to check “thorough”. Please refer to instructions on the form. Please note that 251 CMR 3.06 (1-6) requires at least one of your endorsers to be a licensed psychologist, and all three must be individuals of recognized standing in a psychological field. One endorser must be one of your training supervisors or someone with direct knowledge of your work. **Remember that these forms must be returned to you in an envelope signed across the seal by the endorser.**
28. Signature, signed under pains and penalty of perjury. Massachusetts law requires that you must be current on all tax returns and taxes owed. You must sign this application in the presence of a notary public, and have the notary sign and affix a seal.

\*\*\*You MUST attach a signed, recent passport size photograph to the front of the application.

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## **Other Forms**

### **1. Supervisor/Collaborator Form(s)**

- a) You must submit Supervision/Collaboration forms sufficient to thoroughly document your pre- and post-doctoral supervised experience. You must have a minimum of 3200 hours of supervised experience, at least 1600 of which is post-doctoral. To be a Health Service Provider, you must submit a Supervisor/collaborator form to document your internship experience. For the **internship experience ONLY**, your training director may complete this form showing summary information of your supervision, and then must attach additional sheets which list your supervisor’s names, degree and licensure information, dates of supervision and hours per week of supervision, individual vs. group, group size, etc.
- b) You must have supervision/collaboration in a 1:16 ratio for hours worked. For example, if you obtained only one hour of supervision/collaboration per week but worked 25 hours per week, you will only receive credit for 16 hours per week. To receive credit for 40 hours or work per week, you must document 2.5 hours of supervision/collaboration per week.
- c) Supervision/collaboration must be individual and/or in groups no larger than three supervisees (251 CMR 3.05).
- d) Training experiences must be for a minimum of 16 hours per week for a duration of not less than 4 months (251 CMR 3.04).
- e) Both your pre- and post-doctoral year must be a minimum of 10 months in duration (251 CMR 3.04). Ten months counts only the weeks that you worked, **not vacation weeks**, and is counted by the calendar dates. Therefore, if you began working on July 1 and worked until May 1 without taking any vacation, you would have worked 10 months. If you took 2 weeks of vacation, you would need to work until May 15. Generally, there are 43 weeks in 10 months.

2. Academic Program Director Form

This form must be completed by the Academic Director of your doctoral program.

3. Internship Program Director Form

This form must be completed by the Training Director of your internship(s). You cannot qualify for Health Service Provider status without this form.

4. Documentation of Academic Coursework Form

- a) You must fill out this form as completely as possible, giving course number, title, and semester in which you took the course. If the course title does not fully describe its content in a clear manner which relates it to the course requirement towards which you are applying, you **MUST** include additional documentation such as syllabus, reading, catalog description, etc. For example, if under “Ethics” you have listed “First Year Seminar-601”, the course will not be accepted by the Board as fulfilling the Ethics course requirement unless adequate documentation is provided. Failure to do this will result in delay or denial of your licensing application.
- b) Please note that some doctoral programs do not have a specific course for Ethics and the History and Systems of Psychology, but address these areas in several courses. In that case, you must submit a notarized letter from your doctoral program describing how you met the requirements for coursework in either or both of these two areas. Follow instructions described in #3 above for the submission of this letter in a signed and sealed envelope.
- c) For **all the courses listed on the second side of this form**, the Board requires a 3 semester - credit course in each content area (251 CMR 3.03(1)(a)2.i.). The same course cannot be used to meet two content areas, and the content cannot be distributed across several courses.

5. Pre- and Post-doctoral Experience Form

This form details your supervised experience. You must fill it out completely and accurately. In addition, you must complete the “hours of experience” with the 1:16 ratio in mind. This form will be compared with the Supervisor/Collaborator forms which you submit. Any discrepancies may result in denial or delay of your licensing application.

## **Answers to frequently asked questions**

Q: I worked 40 hours a week for 50 weeks, so why didn't I qualify for 2000 hours of supervised experience?

A: You must be able to document through your supervisor/collaborator forms that you received 1 hour of supervision for every 16 hours of work. To receive credit for 2000 hours, you would need to document a minimum of 2.5 hours of supervision per week for 50 weeks. This supervision must be individual, or in groups no larger than 3.

Q: How can I get a copy of the regulations which govern the licensing and practice of psychology in Massachusetts?

A: The Psychology Jurisprudence book containing the regulations and statutes will be sent to candidates upon approval of their application.

Q: What will be covered in the Jurisprudence exam?

A: Please read the "Notice of Examination" sheet included with your application.

Q: I had five individual supervisors on my internship. Do all five have to fill out supervisor/collaborator forms?

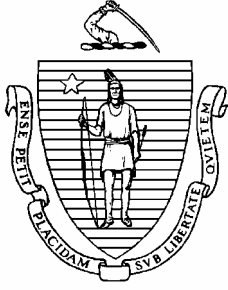
A: Your Training Director can fill out the form, attaching an additional sheet which lists your supervisors' names, degree and licensure information, dates of supervision and hours per week of supervision, etc. Thus, the director can show summary information on the form, and spell it out **in detail** on an additional sheet.

Q: Can the same person complete a Professional/Ethical Form as well as a Supervisor/Collaborator Form?

A: Yes.

Q: I finished my doctoral degree requirements on a date which was earlier than the date I received my degree on my transcript. Can I use the earlier date?

A: The date on which you completed ALL requirements for your doctoral program is the date after which you were post-doctoral. This may not be the same as the date on which you defended your dissertation. To document a doctoral degree date different from the one on your transcript, **you must submit a notarized letter from the Department Chairman attesting to the date on which you met ALL requirements for the doctoral degree.**



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**Please attach recent 2"x2"  
photograph here**

1. Applicant Name \_\_\_\_\_  
(Type or print name exactly as it should appear on license)

2. Permanent residence \_\_\_\_\_  
No. Street Apt. #

City State Zip code Telephone

3. Business address \_\_\_\_\_  
No. Street Apt. #

City State Zip code Telephone

4. Which address should appear on your license? Permanent \_\_\_\_\_ Business \_\_\_\_\_

5. Social Security Number (mandatory) \_\_\_\_\_

Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

6. Date of Birth \_\_\_\_\_

7. Place of Birth \_\_\_\_\_

8. Maiden/other name \_\_\_\_\_

9. This application is for (check as many as apply)

\_\_\_\_\_ Licensure as Psychologist by examination

\_\_\_\_\_ Certification as Health Service Provider

\_\_\_\_\_ Licensure as Psychologist by reciprocity from (state) \_\_\_\_\_  
(An original Letter of Good Standing from the state of licensure is required)

\_\_\_\_\_ Certification as Health Service Provider by reciprocity from (state) \_\_\_\_\_  
(An original Letter of Good Standing from the state of licensure is required)

\_\_\_\_\_ Reinstatement of license

10. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you ever voluntarily surrendered or resigned a professional license to a licensing/ certification board in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Have you ever applied for and been denied a professional license in the United States or any country or foreign jurisdiction? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): .  
\_\_\_\_\_  
\_\_\_\_\_

15. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction , other than a traffic violation for which a fine of less than \$100.00 was assessed

Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Have there been any malpractice suits filed against you? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. Have you ever been rejected for membership in a professional organization? Yes: ☐ No: ☐

If yes, please state the details (use a separate sheet if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Have you ever been censured by a professional organization or had your membership revoked, suspended or put on probation? Yes: ☐ No: ☐ If yes, please state the details (use a separate sheet if necessary):  
\_\_\_\_\_  
\_\_\_\_\_

The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records-and other Federal and professional records-may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.



## 19. Graduate Education

### Doctoral

University \_\_\_\_\_ Dates attended \_\_\_\_\_

Doctoral degree and date \_\_\_\_\_ Field \_\_\_\_\_

Date of completion of all doctoral degree requirements \_\_\_\_\_

Major Advisor \_\_\_\_\_

Name and Title

Title of Thesis \_\_\_\_\_

### Master's or other doctoral degrees (attach additional sheet if necessary)

University \_\_\_\_\_ Dates attended \_\_\_\_\_

Degree and date \_\_\_\_\_ Field \_\_\_\_\_

Major Advisor \_\_\_\_\_

Name and Title

Title of Thesis \_\_\_\_\_

## 20. Undergraduate Education

If you attended more than one college or university, use the institution which awarded your degree.

College or University \_\_\_\_\_

Dates attended \_\_\_\_\_ Degree and date \_\_\_\_\_  
month/year - month/year

Major \_\_\_\_\_

21. In what field(s) of Psychology are you qualified to practice by education and supervised experience?  
Document in the spaces below (maximum of 3).

A. \_\_\_\_\_  
degree field

B. \_\_\_\_\_  
degree field

C. \_\_\_\_\_  
degree field

22. Supervised experience in field(s) specified above:

### PRE-DOCTORAL

### POST-DOCTORAL

A. \_\_\_\_\_  
name of facility how many hours? name of facility how many hours?

B. \_\_\_\_\_  
name of facility how many hours? name of facility how many hours?

C. \_\_\_\_\_  
name of facility how many hours? name of facility how many hours?

23. If you are declaring training/experience in a field other than that for which you obtained your doctorate, have you completed an APA-approved re-specialization program? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, where? \_\_\_\_\_ Dates of attendance \_\_\_\_\_

24. Are you listed in the National Register of Health Service Providers in Psychology? Yes\_\_\_\_\_No\_\_\_\_\_ If yes, what is your certificate number? \_\_\_\_\_

25. Do you hold a Diploma from the American Board of Professional Psychology? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, in what field do you hold it? \_\_\_\_\_ What is your diploma number? \_\_\_\_\_

26. Do you hold a Certificate of Professional Qualification in Psychology (CPQ) from the Association of State and Provincial Psychology Boards? Yes\_\_\_\_\_No\_\_\_\_\_ If yes, what is your certificate number? \_\_\_\_\_

27. Gives names and addresses of three references who will be completing the Professional/Ethical forms.

A. Name \_\_\_\_\_ Title or position \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

B. Name \_\_\_\_\_ Title or position \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

C. Name \_\_\_\_\_ Title or position \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

28. By my signature below, I certify, under the pains and penalties of perjury, that:

- a. I agree to conform my professional activities to the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association and to 251 CMR. I certify that I possess and have completely read the most recent version of said documents;
- b. pursuant to G.L. c. 119, s. 51A and c. 112, s. 1A, I understand my obligation to report the abuse or neglect of children;
- c. pursuant to G.L. c. 62C, s. 49A, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required by law; and
- d. the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of Registration of Psychologists to deny me the right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law.

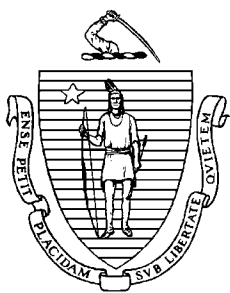
\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

Notary Name (Print)\_\_\_\_\_

Notary Signature \_\_\_\_\_

My Commission expires: \_\_\_\_\_



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APPLICATION PACKET CHECKLIST

The following must be included in a complete application. Please complete and enclose this checklist with your application. Incomplete applications will NOT be reviewed by the Board.

- \_\_\_\_\_ Completed Application Form
- \_\_\_\_\_ Application Form signed and notarized
- \_\_\_\_\_ Photograph attached and signed
- \_\_\_\_\_ Official transcript from doctoral program (in sealed envelope)
- \_\_\_\_\_ Three Professional/Ethical Forms (in sealed envelopes)
- \_\_\_\_\_ Supervisor/Collaborator Forms for **pre**-doctoral hours (in sealed envelopes)
- \_\_\_\_\_ Supervisor/Collaborator Forms for **post**-doctoral hours (in sealed envelopes)
- \_\_\_\_\_ Internship Director Form (in sealed envelope)
- \_\_\_\_\_ Academic Director Form (in sealed envelope)
- \_\_\_\_\_ Pre- and Post-Doctoral Experience Form
- \_\_\_\_\_ Academic Coursework form
- \_\_\_\_\_ **\$150** check (made payable to "Commonwealth of Massachusetts-PY")

# DOCUMENTATION OF ACADEMIC COURSES

(To be completed by applicant)

Name of Applicant \_\_\_\_\_

Name of Doctoral Program \_\_\_\_\_

This form provides information to the Board as to whether you have satisfied the coursework requirements for licensure as described in 251 CMR 3.03. Please complete this form carefully and accurately. **If the title of any course does not adequately describe its content, YOU MUST submit additional documentation in the form of a syllabus, university catalog description, letter from the instructor, etc.**

## Ethics

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## History of Psychology

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Research Design and Methods

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## Statistics and Psychometrics

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**“Competence in these substantive content areas will typically be met by including a minimum of three graduate semester hours (five or more graduate quarter hours) in each of the substantive content areas” (251 CMR 3.03)**

**Biological Bases of Behavior-** e.g. physiological psychology, comparative psychology, neuropsychology, sensation and perception, psychopharmacology.

**NOTE: Neuropsychological assessment does not meet this requirement**

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Cognitive-Affective Bases of Behavior-** e.g. learning, cognition, thinking, motivation, emotion.

**NOTE: Assessment and therapy-oriented courses do not meet this requirement**

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Social Bases of Behavior-** e.g. social psychology, group processes, organizational and systems theory.

**NOTE: Courses oriented primarily towards therapy do not meet this requirement.**

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Individual Differences-**e.g. personality theory, human development, abnormal psychology.

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Racial/ethnic bases of behavior with a focus on people of color-** e.g. cross-cultural psychology, psychology and social oppression, racism and psychology, human diversity

Course #	Title of Course	Semester	Credits	Additional documentation?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PRE- AND POST-DOCTORAL EXPERIENCE FORM

Name of Applicant: \_\_\_\_\_

**Pre-Doctoral Experience:** Please list all post-practicum pre-doctoral experience in chronological order. If you are applying for Health Service Provider certification, please list your internship first.

**\*\*\*NOTE: You cannot receive credit for hours of experience which are not supported and documented by a minimum of one hour of individual or small group (<4) supervision for every 16 hours of work per week.**

Name and address of Facility	Dates of attendance From _____ to _____	APA approved?	# of Weeks (minus vacation)	# of Hours per week	Names of Supervisors Name Hours/week	Total hours of experience
1.		Yes _____ No _____	(A)	(B)		(A x B)
2.		Yes _____ No _____				

NATURE OF EXPERIENCE AND PERCENTAGE OF TIME IN VARIOUS ACTIVITIES (e.g. psych. testing 20%):

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may add additional pages in this format as needed. Please label any additional pages clearly.

Name of Applicant: \_\_\_\_\_

**Post-Doctoral Experience:** Please list all post-doctoral supervised experience in chronological order.

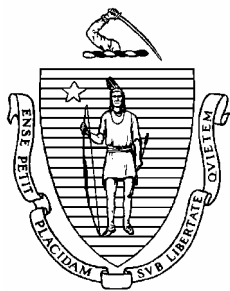
**\*\*\*NOTE: You cannot receive credit for hours of experience which are not supported and documented by a minimum of one hour of individual or small group (<4) supervision for every 16 hours of work per week.**

Name and address of Facility	Dates of attendance From _____ to _____	APA approved?	# of Weeks (minus vacation) (A)	# of Hours per week (B)	Names of Supervisors		Total hours of experience (A x B)
					Name	Hours/week	
1.		Yes _____ No _____					
2.		Yes _____ No _____					

NATURE OF EXPERIENCE AND PERCENTAGE OF TIME IN VARIOUS ACTIVITIES (e.g. family therapy 10%):

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

You may add additional pages in this format as needed. Please label any additional pages clearly.



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**INTERNSHIP PROGRAM DIRECTOR FORM**

THIS FORM IS **REQUIRED** FOR APPLICANTS SEEKING HEALTH SERVICE PROVIDER CERTIFICATION.

**A. Applicant to fill out Part A of this form.**

Name of Applicant \_\_\_\_\_

Name of Internship Director \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Title of Program \_\_\_\_\_

Address \_\_\_\_\_

Dates of internship experience \_\_\_\_\_ to \_\_\_\_\_  
month/day/year month/day/year

**B. Internship Director to complete Parts B and C and sign the form before a notary.**

1. Did the internship provide at least four hours (total) in structured learning activities on issues related to racial/ethnic bases of behavior with a focus on people of color? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Was this internship APA-approved (pre- or post-doctorally)? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If you answered "yes", you do not need to complete Part C of this form.)

**C. Internship Director to complete Part C if program not APA-approved.**

**YES**

**NO**

\_\_\_\_\_ Is an organized training program, not a supervised experience or on-the-job training

\_\_\_\_\_ A licensed psychologist is responsible for the integrity and quality of the program

\_\_\_\_\_ There are two or more licensed psychologists on the staff as supervisors.  
If the site has 5 or fewer mental health professionals on staff, there is one full-time psychologist and a board certified or board eligible psychiatrist or licensed psychiatric social worker

\_\_\_\_\_ Training was at post-clerkship, post-practicum, and post-externship level



YES	NO	
_____	_____	Supervision was conducted by a licensed professional who carried full legal and clinical responsibility for cases being supervised.
_____	_____	At least half of the hours of supervision were delivered by one or more psychologists
_____	_____	Program provided training in a range of approaches to assessment and intervention
_____	_____	At least 25% of the trainee's time was in direct contact with clients seeking assessment or treatment (minimum 400 hours for full-time internship)
_____	_____	Training included supervision at a minimum ratio of one hour of acceptable supervision per sixteen hours of work (1:16), regardless of whether the training was completed in one year or two.
_____	_____	Program offered at least four hours per week of structured activities such as case conferences, seminars on clinical issues, group supervision, and additional individual supervision (prorated for half-time internship)
_____	_____	There were at least two psychology interns at the internship training level during the applicant's period
_____	_____	Trainee had the title "intern", "resident", "fellow", or other designation which clearly indicated his/her training status
_____	_____	The training program had a written statement describing goals and content of the program, and expectations for quantity and quality of trainee's work. This statement was available prior to onset of program
_____	_____	Training experience (minimum 1600 hours) had to be completed within 24 months.

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**This form is invalid unless signed and notarized.**

**AFFIDAVIT**

I, the undersigned, being duly sworn, do state under the penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Internship Director's Signature  
 Signed in the presence of a Notary Public  
 Notary Name (print) \_\_\_\_\_  
 Notary Signature: \_\_\_\_\_  
 My commission expires: \_\_\_\_\_



The Commonwealth of Massachusetts  
**Division of Professional Licensure**  
239 Causeway Street, Boston MA 02114  
Board of Registration of Psychologists  
(617) 727-9925

## **SUPERVISOR/COLLABORATOR FORM**

### **INSTRUCTIONS**

1. The Supervisor/Collaborator Form is one of the most important documents in an applicant's file. It is used to document the applicant's supervision and collaboration by a more experienced, properly credentialed individual, as required by Massachusetts statute and regulation.
2. To enable the Board to evaluate effectively the applicant's experience, **ACCURATE** and **SPECIFIC** information is required. Please fill out this form carefully.
3. A separate form for each continuous period of experience and supervisor is required. If the applicant obtained the doctorate but remained at the same setting, please complete a separate form for each period of time.
4. The description of the applicant's duties is of critical importance. It may be used at a later date to determine if the licensee is practicing within his/her area of competence and training, as required by ethical standards and regulations. If the applicant's duties changed at any time, please complete a separate form for each discrete time period.
5. Please note that Massachusetts regulations (251 CMR 3.04) require that the applicant for licensure receive at least **ONE HOUR OF SUPERVISION FOR EVERY SIXTEEN HOURS** of work which is to be counted towards the required 3200 hours of supervised experience. Supervision must be individual or in groups no larger than 3 supervisees.

- 
1. Name of Applicant \_\_\_\_\_
  2. Name of Supervisor/Collaborator \_\_\_\_\_
  3. Facility where applicant worked: \_\_\_\_\_  
Address of facility: \_\_\_\_\_  
Address where you supervised applicant (if different from above): \_\_\_\_\_
  4. Applicant level was ( ) Pre-doctoral ( ) Post-doctoral
  5. Applicant worked in (check one only):
    - a. Paid professional position ( )
    - b. Independent practice ( )
    - c. Post-doctoral fellowship ( )
    - d. Pre-doctoral internship (part-time) ( )
    - e. Pre-doctoral internship (full-time) ( )
    - f. Other (explain) ( )\_\_\_\_\_

6. Exact dates of Supervision/Collaboration :  
From \_\_\_\_\_ to \_\_\_\_\_ = (A) \_\_\_\_\_  
(month/day/year) (month/day/year) (total number of weeks)  
Number of weeks vacation/leave time=(B) \_\_\_\_\_  
Total number of weeks excluding vacation/leave time (A minus B)= \_\_\_\_\_ (actual)
  7. Total hours per week applicant worked in setting (no more than 50)= \_\_\_\_\_
  8. Exact number of hours per week you supervised/collaborated with applicant \_\_\_\_\_  
How many hours per week were in individual supervision? \_\_\_\_\_  
How many hours per week were in group supervision? \_\_\_\_\_  
How many supervisees/trainees were in the group? \_\_\_\_\_

9. Give detailed description of applicant's duties and activities: \_\_\_\_\_

\_\_\_\_\_

10. Estimate percentage of time that applicant had direct client contact: \_\_\_\_\_%

11. For what areas or fields of specialization does this experience qualify applicant?

\_\_\_\_\_

12. During the time of your supervision/collaboration with applicant, what was your formal/legal relationship with the facility in which the training occurred? \_\_\_\_\_

\_\_\_\_\_

13. Did you have full legal, professional, and ethical responsibility for the applicant's work?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If "No", please attach an explanation)

**Information about Supervisor/collaborator:**

14. Name \_\_\_\_\_ Tel.# \_\_\_\_\_

Address \_\_\_\_\_

15. Are you a licensed Psychologist? Yes \_\_\_\_\_ No \_\_\_\_\_ (If "No", go to question #19)

15A. If you are licensed in Massachusetts, are you a Health Service Provider? Yes \_\_\_\_\_ No \_\_\_\_\_  
(you must have HSP certification to supervise the delivery of health services to the public)

16. Lic.# \_\_\_\_\_ In what state(s) are you licensed? \_\_\_\_\_

17. Year of initial licensure at the independent practice level \_\_\_\_\_ State \_\_\_\_\_

18. Date of licensure as a psychologist in Massachusetts \_\_\_\_\_  
(month/year)

19. Are you licensed in a different discipline? Yes \_\_\_\_\_ No \_\_\_\_\_

In what discipline? \_\_\_\_\_ Lic.# \_\_\_\_\_

Area(s) of specialization \_\_\_\_\_

20. Highest degree \_\_\_\_\_ Year earned \_\_\_\_\_ University \_\_\_\_\_

21. Formal title of program in which degree earned \_\_\_\_\_

This form is invalid unless signed and notarized.

**AFFIDAVIT**

I, the undersigned, being duly sworn, do state under the penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

ERASURES OR CHANGES ARE NOT ACCEPTABLE.

Date: \_\_\_\_\_

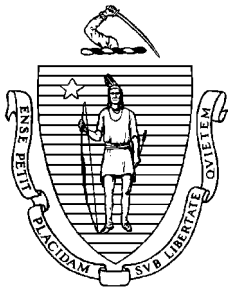
\_\_\_\_\_  
Supervisor/Collaborator Signature

Signed in the presence of a Notary Public

Notary Name (print) \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_



**The Commonwealth of Massachusetts**  
Division of Professional Licensure  
**239 Causeway Street, Boston MA 02114**  
**Board of Registration of Psychologists**  
(617) 727-9925

**PROFESSIONAL AND ETHICAL REFERENCE FORM**

**WAIVER OF LIABILITY**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_,  
(applicant) (endorser)

hereinafter "the endorser", to provide the Board of Registration of Psychologists with all information of any kind which the endorser may, in his or her absolute discretion, deem relevant to my qualifications as an applicant. I hereby release and discharge the endorser from all claims arising out of the provision of such information.

**DATE:** \_\_\_\_\_ **APPLICANT'S SIGNATURE** \_\_\_\_\_

The remainder of this form is to be completed by the endorser. Failure to do so will render this document invalid. Do not complete unless above waiver is signed. Please print or type. You must sign the affidavit on the reverse side in the presence of a notary.

1. Name of endorser \_\_\_\_\_ 2. Title \_\_\_\_\_

3. Address \_\_\_\_\_

4. Telephone number \_\_\_\_\_

5. Relationship of endorser to applicant (e.g. supervisor, consultant, collaborator, colleague, teacher, or other) \_\_\_\_\_

6. Length of time applicant known: From \_\_\_\_\_ to \_\_\_\_\_  
month/year month/year

7. Indicate the setting(s) in which you have known applicant, description of applicant's duties, and extent of your contact with applicant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Extent of knowledge of applicant's professional and ethical behavior:

Limited \_\_\_\_\_ Moderate \_\_\_\_\_ Thorough \_\_\_\_\_

9. Do you certify that the applicant is an individual of good moral character? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Quality and extent of endorsement:

Without reservation \_\_\_\_\_ With reservation \_\_\_\_\_ No endorsement \_\_\_\_\_

If you checked "With reservation" or "No endorsement", please specify reasons:  
\_\_\_\_\_  
\_\_\_\_\_

11. Do you feel that the applicant conducts his/her activities as a psychologist in conformance with the Code of Ethics of the American Psychological Association? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain:

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12. Are you licensed or certified as a psychologist?

Yes \_\_\_\_\_ No \_\_\_\_\_ License number \_\_\_\_\_ State \_\_\_\_\_

13. Are you a member or fellow of the American Psychological Association?

Yes \_\_\_\_\_ No \_\_\_\_\_

14. Are you a member or fellow of your state Psychological Association? Yes \_\_\_\_\_ No \_\_\_\_\_

15. Are you a member of any other professional association?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list \_\_\_\_\_

16. Are you a diplomate of the American Board of Professional Psychology? Yes \_\_\_\_\_ No \_\_\_\_\_

17. Are you a psychiatrist certified or eligible for certification by the American Board of Psychiatry?

Yes \_\_\_\_\_ No \_\_\_\_\_

18. Are you a Licensed Independent Clinical Social Worker?

Yes \_\_\_\_\_ No \_\_\_\_\_ License number \_\_\_\_\_ State \_\_\_\_\_

19. AFFIDAVIT

I, the undersigned, being duly sworn do state under the penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

ERASURES OR CHANGES ARE NOT ACCEPTABLE.

DATE: \_\_\_\_\_

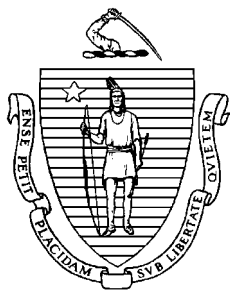
\_\_\_\_\_  
ENDORSEER'S SIGNATURE

Signed in the presence of a notary public.

Notary Name (print) \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_



The Commonwealth of Massachusetts  
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**ACADEMIC PROGRAM DIRECTOR FORM**

(To be filled out by Academic director of Doctoral program in Psychology)

Name of Applicant \_\_\_\_\_

Name of Program Director \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Title of Program \_\_\_\_\_

Address \_\_\_\_\_

Applicants for licensure as psychologists must attend doctoral programs in Psychology which meet program requirements outlined in 251 CMR 3.03. Please indicate with a check mark whether the academic program the applicant completed at your institution met these requirements.

**YES**

**NO**

Program was designated as a doctoral program in psychology by the Association of State and Provincial Psychology Boards at the time the degree was granted or within two years thereafter

Training is at the doctoral level and offered in a regionally accredited institution of higher education

Stands as a coherent, recognizable entity in your institution

There is clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines

Is an organized sequence of study

YES

NO

\_\_\_\_\_      \_\_\_\_\_  
Has an identifiable psychology faculty, and a psychologist responsible for the program

\_\_\_\_\_      \_\_\_\_\_  
Has an identifiable body of students who have matriculated in that program for a degree

\_\_\_\_\_      \_\_\_\_\_  
Includes supervised practica, internship, or laboratory training appropriate to the practice of psychology

\_\_\_\_\_      \_\_\_\_\_  
The curriculum includes a minimum of three academic years of full-time graduate study, of which a minimum of one academic year of full-time academic graduate study in Psychology is completed in residence at the institution granting the doctoral degree.

\_\_\_\_\_      \_\_\_\_\_  
Dissertation or equivalent is psychological in method and content

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**This form is invalid unless signed and notarized.**

### **AFFIDAVIT**

I, the undersigned, being duly sworn, do state under the penalties of perjury that the answers given above are true and correct. I agree to provide any additional information requested by the Board.

Date: \_\_\_\_\_

\_\_\_\_\_  
Academic Program Director's Signature  
Signed in the presence of a Notary Public

Notary Name (print) \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

# NOTICE OF JURISPRUDENCE EXAMINATION

## ALL MASSACHUSETTS PSYCHOLOGY LICENSING CANDIDATES

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**Pursuant to Massachusetts General Laws ch. 112, s. 120, and 251 CMR 3.00, you are required to take a jurisprudence examination, in conjunction with the EPPP licensing exam. This exam will require approximately one hour and will be composed of 20 multiple choice questions drawn from the following content domain.**

- 1. 251 CMR (all regulations promulgated by the Board of Registration of Psychologists)**
- 2. Massachusetts General Laws, ch. 112, sections 118-129A and 12CC (registration of licensing of psychologists, confidentiality of psychologist-patient communications, duty to provide records)**
- 3. Massachusetts General Laws, ch. 19A, sections 14-26 (elder abuse)**
- 4. Massachusetts General Laws, ch. 19C, sections 1-13 (protection of disabled persons)**
- 5. Massachusetts General Laws, ch. 119, sections 1-84 (protection and care of children, including child abuse reporting [51A], foster care, placement of children who have committed offenses, commitment of children, visitation rights of grandparents, child in need of services [CHINS], delinquent children, commitment of delinquent children, youthful offender)**
- 6. Massachusetts General Laws, ch. 123, sections 1-36B (statutes dealing with mentally ill, mentally retarded, commitment and discharge, treatment of commitment persons with anti-psychotic medication, emergency restraint, application for hospitalization, competence, commitment of alcoholics and substance abusers, duty to warn)**
- 7. Massachusetts General Laws, ch. 123A, sections 1-11 (care, treatment, and custody of sexually dangerous persons)**
- 8. Massachusetts General Laws, ch. 201, sections 1-51 (guardians and conservators)**
- 9. Massachusetts General Laws, ch. 233, section 20B (privileged communications)**
- 10. 104 CMR 33.01 and 33.05 (DMH regulations regarding qualified, designated, and designated forensic psychologists)**

**Study materials (the Psychology Jurisprudence book containing all of the above regulations and statutes) will be mailed to candidates by Exporior once your application is approved by the Board.**



# **HOW TO AVOID HAVING YOUR APPLICATION DENIED**

Dear Applicant: This is a time when you really need to pay attention to details. The following is a summary of some of the most common problems that cause an application to be denied:

1. **Failure to document a doctoral degree date which is different from the one on your transcript.**

Explanation: If you met all doctoral requirements on a date other than the one on your transcript, you must include a notarized letter from your program indicating “the date that all doctoral requirements were met”. Without that, we go by the one on your transcript. We do not use the date you passed your orals unless that was the date all doctoral requirements were met.

2. **Failure to include Supervisor-Collaborator Forms to document your internship experience.**

Explanation: In addition to the Internship Director Form, which tells us whether your internship conformed to 251 CMR 3.08, you must document on Supervisor-collaborator Forms a minimum of 1600 hours of qualifying supervised experience during your internship. The instructions for the completion of these are in your application packet on page 5 (top) and page 6 (middle) of the instructions. Please read these and communicate these to the Internship Director who needs to complete the form. The form itself must show summary information about how many hours of supervision you received, with specific information about supervisors on the attached sheet.

3. **Submission of Professional/ethical forms from individuals not qualified to complete these forms (e.g. unlicensed individuals).**

Explanation: Regulations require that at least one licensed psychologist must complete this form. The Board prefers that a licensed psychologist completes each of the three forms (the forms ask specifically about adherence to the APA Ethical Principles), but the Board will accept up to two forms from a board-certified or board-eligible psychiatrist or a licensed independent clinical social worker. At least one of the forms must be from a licensed psychologist who supervised you directly. The Board does not accept forms from unlicensed individuals, or individuals licensed through the Boards of Allied Mental Health or Nursing. Endorsers must indicate that their knowledge of you is “thorough”.

4. **Missing courses**

Explanation:

- a) One important and easily avoidable reason for missing courses is the applicant’s failure to read the instructions, which state that if your course title does not clearly reflect the required content, you must provide syllabi and/or course descriptions. Please consult your transcript to see how the course title appears. Courses labeled “Professional Issues” or “Clinical Proseminar”, for example, cannot be used to meet the Ethics requirement without additional documentation in the form of a course description and/or syllabus.
- b) The Board requires a 3 semester credit (or 5 quarter hour) doctoral course in each of the areas listed on page 2 of the “Documentation of Academic Courses” form. 251 CMR 3.03 states that having these courses is what defines your program as a “doctoral program in psychology”. What this means is that the Board does not accept courses completed at the Master’s level unless such courses were accepted by the doctoral program. We determine this by looking at your doctoral transcript to see if the master’s courses appear as transfer credit. If they do not, we also accept a letter from the doctoral program clearly stating that a specific course was accepted by the doctoral program as meeting their requirement. All such letters must be in a signed, sealed envelope when included in your application packet.

- c) Other problems with missing courses occur due to the fact that the Board does not accept assessment or therapy-oriented courses to meet these requirements. Graduating from an APA-approved doctoral program does not substitute for these course requirements, nor does passing a competency exam in a particular area. The Board does not accept the argument that the content was distributed across the curriculum of several courses. You also cannot use one course to satisfy two different requirements (i.e. you cannot use a course called “Social-Cognitive” to meet both the Social and the Cognitive-affective requirement). The Board does not accept continuing education credits in lieu of these courses. Only coursework appearing on an official doctoral transcript is acceptable. Zero credit or audited courses are not acceptable. Fewer than three semester hours or five quarter hours are not acceptable.

If your program did not insure that you obtained the coursework required in Massachusetts (many programs, for example, lack a specific three credit course in the Racial-ethnic Basis of Behavior), you will need to supplement your doctoral education with one or more missing courses. You must take courses at a DOCTORAL program in Psychology (ASPPB designated), not a master’s program. You may also be able to take an independent study from your original doctoral program, appropriately documented with a syllabus. The Board will require an official transcript to document the completion of such a course.

**5. Failure to seek the Board’s waiver for not completing the pre- and post-doctoral experiences within 5 consecutive calendar years.**

You must include a waiver request letter to the Board in your application if the time period from the first day of your internship to the last day of your post-doctoral experience did not occur within 5 consecutive calendar years (251 CMR 3.04 (5)). Such a letter must include an explanation and must account for the intervening years.

**6. Wrong dates on your supervisor-collaborator forms**

Explanation: We have seen every possible variation of this problem. It typically occurs due to carelessness, but it may also occur due to your attempt to begin counting your post-doctoral hours before the date on which you completed all doctoral requirements. We can’t begin counting the hours until you are post-doctoral. We also can’t count up weeks for you if the forms don’t clearly do it. So if you worked for 36 weeks at 16 hours and then moved up to 40 hours a week for another 24 weeks, don’t send us a form which only says you worked 16 hours a week for these dates, and 40 hours a week for other dates. We need to know the number of weeks at each rate. It may be helpful for you to ask your supervisor to give you a copy of what he/she is submitting so you can double-check to make sure that they have not made a careless error.

**7. Not enough post-doctoral weeks of work documented**

Explanation: Board regulations require a minimum of 10 months of post-doctoral work, which translates into a minimum of 43 weeks of work (there are 52 weeks in a year, not 48). Therefore, the Board requires that your supervisors document on Supervisor/collaborator Forms a minimum of 43 weeks of work post-doctorally. As an example, if you began work on September 1, and took 2 weeks vacation, you would not have met the requirement by June 30. Vacation is not work. You must document the full 43 weeks/10 months.

Please be aware that when your application arrives at the Board office, it is reviewed as quickly as possible, usually in a matter of days or weeks. We cannot wait for missing documentation. Your application will be denied if it is missing documentation, which will create an unnecessary delay.

**It is in your best interests to make sure that your application is approved on FIRST review.**